

APPLICATION FOR DISABILITY RETIREMENT

FAIRFAX COUNTY UNIFORMED RETIREMENT SYSTEM

10680 MAIN STREET, SUITE 280, FAIRFAX, VA 22030

INSTRUCTIONS: Type or Print in ink your entries. Complete items 1 through 17 and sign.

1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
4. Present Address				5. Address to which retirement is to be mailed (if different)	
Home Phone:					
6. Agency and Position				7. Date retirement is to be effective	
8. Date of Employment	9. Has employment been continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No			10. If no, indicate break(s) in service	
11. Spouse's Name			12. Spouse's Social Security Number		13. Spouse's Birthdate
14. Beneficiary's Name (if not spouse)			15. Beneficiary's Social Security Number		16. Beneficiary's Birthdate
17. The following Joint Survivor Options are available. If you select one, your benefit will be reduced and upon your death, a benefit will be paid to your surviving spouse. Contact the retirement office for more information.					
<input type="checkbox"/> No Option <input type="checkbox"/> 50% Option <input type="checkbox"/> 66 2/3% Option <input type="checkbox"/> 75% Option <input type="checkbox"/> 100% Option					

Request for Ordinary Disability Retirement:

Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I hereby apply for Ordinary Disability Retirement because a disability prevents me from performing the duties of my position. The disability is described on the attached form. I have completed five or more years of service for Fairfax County.

_____	_____
Date	Signature of Member

Request for Service-Connected Disability:

Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I hereby apply for a Service-Connected Disability Retirement due to a disability incurred out of or in the performance of my duties that prevents me from performing the duties of my position. The disability is described on the attached form. I have reviewed and understand the contents of S.O.P. 2.0.11, "Procedures for Alternative Placement" (Fire and Rescue Department personnel) and/or Procedural Memorandum 10 from the Department of Human Resources "Policy and Procedures for Uniformed Retirement System Alternative Placement Program."

☐ I authorize the Social Security Administration to release information to you regarding any benefit I may have been awarded.

☐ I request accommodation under the County's Alternative Placement Program for members of the Uniformed Retirement System.

_____	_____
Date	Signature of Member

Agency Head Signature _____ Date _____

RETIREMENT USE ONLY

Retirement Agency Authorization

_____	_____	#U002_rev. 6/01
Date	Authorized Signature	